

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK

Animal Health Division
PO Box 202001
Helena, MT 59620-2001
Ph (406) 444-2043 FAX (406) 444-1929



APPLICATION FOR ANNUAL EQUINE SEMEN IMPORT PERMIT

I hereby apply for an annual equine semen import permit to ship cooled equine semen into Montana. I understand this permit expires on December 31st of the calendar year in which it was issued and is specifically for the stallion listed below. Each stallion represented on a semen permit must have their own individual permit. I understand that this permit does not relate to breed registry requirements for semen. A legible photocopy of this stallion's current EIA and EVA test are attached to this application.

CERTIFICATION

I HEREBY CERTIFY THAT THE STALLION, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN IMPORT REGULATIONS. ALL TESTS ARE DONE BY A LICENCED, ACCREDITED VETERINARIAN. A COPY OF THIS PERMIT WILL ACCOMPANY EACH SHIPMENT OF SEMEN, AS REQUIRED BY MONTANA DEPARTMENT OF LIVESTOCK ARM 32.3.220(7).

Signature of Licensed Accredited Veterinarian

Date

Printed name of Accredited Veterinarian

Vet License No.

(_____)
Phone Number

STALLION INFORMATION

Please type or print legibly

Name of Stallion

Address Where Stallion is Standing

Breed

City, State, Zip Where Stallion is Standing

Date of EIA test (*within 12 months of shipment*)

(_____)
Phone Number

Date of EVA Test (*within 6 months of shipment*)

Signature of Stallion Owner/Manager

Date of General Health Status Inspection

Date

FOR OFFICE USE ONLY

Date Permit Issued: ____ / ____ / ____ PERMIT NUMBER: _____ Expiration Date: ____ 12 / 31 / ____